

# ARIZONA VETERANS SERVICE COMMISSION

## INTERNAL MANAGEMENT POLICY 97-03

SUBJECT: EMPLOYEE HEALTH ASSESSMENTS, ACCOMMODATION, AND  
ALTERNATE ASSIGNMENT

EFFECTIVE DATE: November 14, 1997

- 1.0 PURPOSE:** To establish procedures by which the Commission may provide assistance or accommodation for those employees who are temporarily or permanently unable to perform the essential functions of their position. Every effort shall be made to return the employee to full duty, provide Temporary Work Assignment, provide the appropriate leave, and to facilitate a permanent reassignment for employees eligible for accommodation under the Americans with Disabilities Act (ADA).
- 2.0 AUTHORITY:** A.R.S. § 23-901 et seq, Industrial Injury and Disease  
A.R.S. § 38-741 et seq, Arizona State Retirement System  
A.R.S. § 41-1492 et seq, Public Accommodation and Services (Arizonans with Disabilities Act of 1992)  
A.R.S. § 41-604, Duties and Powers of the Director  
A.A.C. R2-5-401 et seq, Personnel Rules  
Pregnancy Discrimination Act, 42 U.S.C. 2000e (k).  
Americans with Disabilities Act of 1990, Titles I - V  
28 CFR Part 3.130 et seq, Nondiscrimination on Basis of Disability by State & Local Government Services  
Family Medical Leave Act of 1993.  
U.S. Civil Rights Act of 1964  
Rehabilitation Act of 1973
- 3.0 RESPONSIBILITY:** General guidance follows:
- 3.1 Family Medical Leave Act (FMLA) - The Director or a designee is responsible for approving FMLA requests; Human Resources is responsible to ensure all documentation is provided with the FMLA request and to respond to general questions regarding FMLA; Payroll is responsible for tracking FMLA leave.
- 3.2 Temporary Work Assignment - Employees who can not perform the essential tasks of their job shall be placed on Temporary Work Assignment. The Director or designee shall appoint the person to manage the Temporary Work Assignment allocations. An employee who is pregnant is eligible for Temporary Work Assignment.
- 3.3 Industrial Illnesses/Injuries - Human Resources is the office of record that is filed with Risk Management for claims notification.
- 3.4 Americans with Disability Act (ADA) - The Director or designee shall approve all requests for all ADA accommodations. The Director may consult the ADA Coordinator regarding any questions or issues.
- 3.4.1 The ADA coordinator is responsible for overseeing ADA-related issues as referenced in this policy.

#### **4.0 DEFINITIONS:**

**Americans with Disabilities Act (ADA)** - The Americans with Disabilities Act (ADA) provides major civil rights protections to individuals with disabilities. The intent of this federal law is to reduce barriers to persons with disabilities and provide equal opportunity in employment, public accommodations, public services, transportation, and telecommunications.

**ADA Coordinator** - An employee who is knowledgeable about ADA requirements and who is designated by the Director to be responsible for coordinating ADA activities within the Commission.

**Disability** - A physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.

**Essential Function** - A fundamental or material job duty, distinguished from a nonessential or peripheral duty.

**Family Medical Leave Act (FMLA)** - Grants employees with job-protected, unpaid family and medical leave for up to twelve weeks for child birth, adoption, placement of foster child or serious illness of the employee or the employee's immediate family.

**Full-Duty** - Assignment of an employee that is consistent with the health care provider's report that the employee's condition no longer exists and the employee is able to perform the original duties of the job classification.

**Functional Capacity** - An assessment of the employee's ability to perform job-related tasks.

**Health Care Provider (Physician, Practitioner)** - Includes the following providers if they are authorized to practice in the State and are certified to perform within the scope of their practice under State law:

- Doctors of medicine or osteopathy.
- Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to the treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist).
- Nurse practitioners and nurse mid-wives.
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts. (Where an employee is receiving treatment from a Christian Science Practitioner, an employee may not object to any requirement from the Commission that the employee or family member submit to examination (though not treatment) to obtain second or third certification from a health care provider other than a Christian Science practitioner).

**Immediate Family Member** - A spouse, child or parent of employee.

**Industrial Injury** - An injury/illness due to an accident or incident arising out of employment.

**Major Life Activity** - Includes, but may not be limited to functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

**Medical Condition** - Any diagnosed illness, disease or injury, including those that are psychological in nature, of an employee or of an employee's family member that may prevent the employee from being at work or from performing the essential functions of the employee's assignment.

**Reasonable Accommodation** - A change or modification that enables an individual with a disability to enjoy equal opportunity and/or access. Accommodations may include job restructuring; a modified work schedule; reassignment to a vacant position for which an individual qualifies; provision or modification of equipment or devices; reallocation of nonessential job functions; and unpaid leave.

- Reasonable accommodation is required for persons with known disabilities. The Commission is not required to provide the "best" or "most desired" accommodation, but is obligated to sufficiently accommodate so as to meet either employment or accessibility needs.
- Reasonable accommodation is subject to review if work demands dictate a change in operation procedures.
- Reasonable accommodation is subject to re-evaluation each time an employee with a disability requests to promote, transfer, or accept a voluntary grade decrease, or is demoted to another position

**Substantially Limits** - Unable to perform a major life activity that the average person in the general population can perform, or significantly restricted as to the condition, manner or duration under which a major life activity that the average person in the general population can perform.

## **5.0 PROCEDURES:**

### **5.1 Employees:**

- 5.1.1 Shall report to their supervisor all illnesses, injuries, medical conditions or disabilities of their own or of family members that may require some form of leave or accommodation.
- 5.1.2 Shall submit proper leave request documentation when requesting leave.
- 5.1.3 Shall inform their supervisor, who shall then inform the Human Resources office, of their progress during the recovery from any illness or injury that has caused them to be absent for more than three consecutive work days.
- 5.1.4 Shall accept a Temporary Work assignment that is consistent with a health care provider's recommendation and the Commission's Temporary Work Assignment program.
- 5.1.5 Shall be required to provide certifications, release to work certification, or other types of documentation regarding their medical status.
- 5.1.6 Shall provide a Functional Capacity Report (Form AVSC 01-82) to their health care provider for completion, as required.
- 5.1.7 May be eligible for one or more of the following:

- 5.1.7.1 Reasonable accommodation, in accordance with the Americans with Disabilities Act (ADA).
- 5.1.7.2 Family Leave or Family Medical Leave, in accordance with the Family Medical Leave Act (FMLA).
- 5.1.7.3 Industrial Leave, in accordance with applicable statutes.
- 5.1.7.4 Long or short-term disability, in accordance with applicable statutes and/or plan provisions.
- 5.1.7.5 Other assistance, as provided for by statute.
- 5.1.7.6 Annual leave donations.

5.2 Supervisor shall:

- 5.2.1 Ensure that they comply with this policy.
- 5.2.2 Ensure that employees affected by this policy report to their chain-of-command and comply with all applicable directives.
- 5.2.3 Consult with the Human Resources office, and monitor the employee's progress when the employee is not working (or on Temporary Work Assignment) until the employee has returned to work, been permanently reassigned or is otherwise no longer involved in any return to work program.

5.3 Division Administrators:

- 5.3.1 Shall ensure that supervisors notify the Human Resources Office when an employee has missed work for more than three consecutive work days due to a personal or family illness or injury if:
  - 5.3.1.1 The employee does not return when expected.
  - 5.3.1.2 The employee's prognosis is unclear and/or requires clarification.

5.4 The Human Resources Office shall:

- 5.4.1 Maintain contact and consult with the employee's supervisor regarding the employee's progress and appropriate follow-up action.
  - 5.4.1.1 Each employee shall be monitored until the employee has returned to full-duty, or is otherwise no longer involved in a work/leave program.
- 5.4.2 Review all medical documentation provided by management, the employee or the health care provider for validity and applicability.
- 5.4.3 Ensure that mandated reports of industrial injuries or illnesses are completed as required by the provisions of this policy.

- 5.4.4 Provide assistance to management and to employees.
- 5.4.5 Ensure that the Director and each Administrator is provided a status report of the employees.
- 5.5 The Human Resources Office, in coordination with Division Administrators, shall:
  - 5.5.1 Coordinate the Temporary Work Assignment program.
  - 5.5.2 Monitor employees who are not working, who are in Temporary Work Assignment, or who are on FMLA and follow up on employee progress toward a return to work.
  - 5.5.3 Report and follow up on reports of industrial injury or illness claims.
  - 5.5.4 Provide assistance for donated leave, disability.
  - 5.5.5 May require employee to provide appropriate health-related documentation.

**6.0 EMPLOYEE MEDICAL RECORDS, AND INFORMATION** - Medical records shall be considered and shall be managed in accordance with the following:

- 6.1 Division Administrators shall ensure that:
  - 6.1.2 Supervisors forward all confidential employee medical records to the Human Resources Office, including, but not limited to:
    - 6.1.2.1 FMLA Certifications.
    - 6.1.2.2 Release to work forms.
    - 6.1.2.3 Release of Information Forms.
    - 6.1.2.4 Prognosis or diagnosis statements.
    - 6.1.2.5 Functional Capacity Reports (Form AVSC 01-82).
    - 6.1.2.6 Reasonable Accommodation requests and FMLA requests.
    - 6.1.2.7 Affidavits of Informed Consent.
    - 6.1.2.8 Reports of Industrial Injuries.
  - 6.1.3 Supervisors shall ensure that all medical information sent through the interdepartmental mail be placed in a sealed envelope and clearly mark "CONFIDENTIAL" on the outside of the envelope. Documents shall be forwarded to the Human Resources Office as soon as possible after they are received.
  - 6.1.4 Employees' medical conditions are not discussed except as authorized.

6.2 The Human Resources Office shall ensure that all medical information is treated with strict confidentiality.

6.2.1 Medical information is only released to those who have need to know.

6.2.2 Supervisor and managers may have information that relates to work restrictions.

6.2.3 Information related to industrial injury or illness may be given to other agencies involved in Workers' Compensation claims or payment.

6.2.4 Relevant and appropriate information shall be released, upon request, to representatives of the Department of Labor, the Equal Employment Opportunity Commission (EEOC) or to the Arizona Occupational Safety and Health Administration (OSHA).

**7.0 INDUSTRIAL INJURIES/ILLNESSES** - Employees who sustain an injury, illness or disease arising out of and in the course of employment may be eligible for workers' compensations benefits.

7.1 The Department of Administration Risk Management Division administers the workers' compensation program for the State of Arizona and makes eligibility determinations on claims filed by employees.

7.2 Employees shall report industrial injuries and illnesses as they occur. This provides the basis for a claim.

7.2.1 An actual claim for benefits may be filed within one year after the date of the injury.

7.2.2 Claims denied by Risk Management may be appealed through the Industrial Commission of Arizona within time frames designated on the notice of claim status.

7.3 Reporting/Management of Industrial Injuries and Illnesses

7.3.1 Employees shall:

7.3.1.1 Prepare the Worker's Report of Injury (Form 01-81) and submit the completed report to their supervisor.

7.3.1.2 Seek medical care, if necessary, and notify their supervisor as soon as possible.

7.3.1.3 If medical care is sought, notify the health care provider that the visit is industrial related and complete the employee portion of the Worker's and Physician's Report of Injury (ICA Form 102) available at the health care provider's office.

7.3.1.4 Present to the health care provider a Functional Capacity Report (AVSC 01-82) to be completed, signed and returned to the Human Resources Office.

7.3.1.5 Report progress to their supervisor as directed.

7.3.1.6 Submit a written progress report to the Human Resource Office as directed.

7.3.1.6.1 Leave from work shall be authorized when the health care provider directs the employee, in writing , to be absent from work.

7.3.1.7 If admitted to the hospital on an emergency basis relating to the industrial injury, telephone their first line supervisor as soon as possible.

7.3.2 Supervisors shall:

7.3.2.1 Provide the employee with the opportunity to obtain medical evaluation and treatment on the day of injury, if applicable.

7.3.2.2 Forward the Employee's Report of Industrial Injury (Form AVSC 01-081) within 3 days of the injury to the Human Resource Office.

7.3.2.3 Notify the Human Resource Office of any industrial injury that requires the employee to miss work and provide the Human Resource Office with updated information regarding the employee's progress.

7.3.2.4 Direct the employee to provide a written progress report to the Human Resource Office as directed.

7.3.3 The Human Resources Office shall:

7.3.3.1 Review the Employer's Report of Industrial Injury to determine if the employee has sought medical care and/or is currently not working.

7.3.3.2 When applicable, forward the Employer's Report of Industrial injury to ADOA Risk Management.

7.3.3.3 File the Agency's OSHA 200 Log with the Industrial Commission, indicating the total injuries and illnesses and reports required by other state agencies.

7.3.3.4 Maintain the OSHA Log.

7.3.3.5 Contact health care providers, as needed, to obtain Functional Capacity Reports (AVSC 01-82) to determine if Temporary Work Assignment for the injured employee is appropriate.

7.3.3.6 Receive notices of claims status and other related documents from Risk Management, maintain Workers' Compensation files and notify the appropriate management of employee's claims status.

7.3.3.7 In consultation with the Division Administrators and Managers, ensure that Temporary Work Assignments are made in accordance with section 9.0.

- 7.3.3.8 Keep supervisors informed of the employee's expected date of return from industrial injury.

#### 7.4 Time Reporting and Benefit Information

- 7.4.1 If an employee unable to work due to the industrial injury, the employee shall :
  - 7.4.1.1 Complete the Industrial Leave Request (Form AVSC 01-83).
  - 7.4.1.2 Submit the leave request form with the appropriate medical documentation, provided by the Health Care provider, to their immediate supervisor.
- 7.4.2 An employee who is eligible for benefits shall have medical costs paid and be entitled to use leave in an amount necessary to receive total pay.
- 7.4.3 During the employee's first five days of industrial leave, the employee shall be charged eight hours of sick leave per day.
  - 7.4.3.1 After the initial five days on industrial leave, the employee shall be charged sick leave at a rate necessary to receive total pay not to exceed current salary.
  - 7.4.3.2 If the employee has no sick leave or when sick leave is exhausted, the employee may request to use other accrued leave. If the employee does not make a request he/she shall be placed on Leave Without Pay.
- 7.4.4 Time lost from work is compensated at a 66 2/3% of the employee's average monthly wage up to an established maximum. Compensation begins after the seventh calendar day of disability. If disabled for 14 calendar days or more, payments are retroactive to the first day of disability.
- 7.4.5 Supervisors shall ensure that the attendance reports for employees on industrial leave have the proper coding "IT".
- 7.4.6 Payroll shall:
  - 7.4.6.1 Ensure that employees on industrial leave are charged for leave taken in accordance with applicable statutes, and Arizona Administrative Codes.
  - 7.4.6.2 If the employee received a retroactive Workers' Compensation payment for the initial five days of industrial leave, and if the employee has received a leave payment for that period, require the employee to reimburse the Agency for five days of Workers' Compensation payments and restore the equivalent value of leave to the employee's leave account.
- 7.5 When an employee returns from leave, the employee shall be returned to the original position or a comparable position. If such a position is not available, reduction-in-force procedures shall apply.
- 7.6 Contact the Human Resources Officer for questions.



**8.0 FAMILY MEDICAL LEAVE ACT (FMLA)** - In accordance with the FMLA, the Agency shall grant job-protected, unpaid family and medical leave to eligible employees for up to 12 weeks in a 12 month period. This 12 month period begins on the effective date of the current request.

8.1 FMLA shall be granted for the any one or more of the following reasons:

8.1.1 The birth of a child and in order to care for such child or the placement of a child with the employee for adoption or foster care. Leave for this reason shall be taken within the 12 month period following the child's birth or placement with the employee.

8.1.2 In order to care for a spouse, child or parent if the family member has a serious health condition.

8.1.3 The employee's own serious health condition that makes the employee unable to perform the functions of his/her position.

8.2 If both the employee and spouse work for the State of Arizona, their total leave in any 12 month period may be limited to an aggregate of 12 weeks if the leave is taken for the birth, placement for adoption, foster care of a child or to care for a sick family member.

8.3 Coverage and Eligibility Criteria

8.3.1 An eligible employee for the purposes of the FMLA is an employee who:

8.3.1.1 Is an employee of the State of Arizona.

8.3.1.2 Has been employed by the State of Arizona for at least 12 months.

8.3.1.3 Has been employed for at least 1250 hours of work time during the 12 month period immediately preceding the commencement of the leave. Work time is actual hours worked and paid leave.

8.3.2 For part-time employees and those who work variable hours, the FMLA entitlement is calculated on a pro-rata basis. A weekly average of the hours worked over the 12 weeks prior to the beginning of the leave shall be used for calculating the employee's normal work week not to exceed 40 hours per week.

8.3.3 If, at any time, it is determined that an employee on approved FMLA will not be returning to work, the FMLA leave entitlement shall cease.

8.4 Intermittent or Reduced Leave - When medically necessary, an employee may take leave intermittently (a few hours at a time) or on a reduced leave schedule to care for an immediate family member with a serious health condition or because of the employee's serious health condition when medically necessary.

8.4.1 This type of leave shall not be authorized for birth, placement for adoption or foster care of a child.

- 8.5 FMLA Rights/Benefits - FMLA provides the following rights/benefits to employees who exhaust accrued leave and are in Leave Without Pay (LWOP) status while on approved on FMLA.
- 8.5.1 Health insurance remains in effect if the employee pays the employee premiums.
- 8.5.2 Job protection - The employee shall return to work after an approved period of FMLA to his/her former position or to an equivalent position with equivalent pay, benefits, status and authority.
- 8.5.3 Neither the Department nor any staff member shall:
- 8.5.3.1 Interfere with, restrain, or deny the exercise of any right provided under the FMLA.
- 8.5.3.2 Discharge or discriminate against any person for opposing any practice made unlawful by the FMLA or for involvement in any proceeding under or relating to the FMLA.
- 8.5.4 Division Administrators shall post a copy of, "Your Rights under the Family and Medical Leave Act of 1993 on all employee bulletin boards.
- 8.5.5 Employees and supervisors who have questions about the FMLA may review the FMLA and/or contact the Human Resources office.
- 8.6 Leave Requirements:
- 8.6.1 An employee on FMLA shall be required to use appropriate accrued leave as outlined in the ADOA Personnel Rules. LWOP shall be approved only when all other applicable leave is exhausted, except for parental leave where an employee may choose to use LWOP in lieu of exhausting accrued leave.
- 8.6.2 The Commission shall designate all leave taken for an FMLA-qualifying event as FMLA leave whether or not an actual application is made by the employee. The employee shall be notified verbally and in writing, prior to the employee's return to work when the period of leave is being designated as FMLA. For example, an employee's parental leave shall be applied towards the FMLA leave entitlement.
- 8.6.3 Leave may be designated as FMLA after the employee returns to work only when:
- 8.6.3.1 The employee was absent for an FMLA reason and the Commission did not learn the reason for the absence until the employee's return. Within two days of the Commission learning the reason, leave shall be applied.
- 8.6.3.2 If the Commission is aware of the reason for the leave but receipt of substantiating medical documentation is delayed. Within two days of receipt of documentation, leave shall be applied.
- 8.6.4 If FMLA is applicable, the FMLA leave shall apply on the first day the employee began leave.

8.6.5 FMLA does not provide for the intermittent care of a child for such commonplace illnesses as colds and flu.

8.6.5.1 The employee may apply for sick family leave, annual, LWOP or compensatory leave if appropriate.

## 8.7 Request for FMLA

8.7.1 An employee shall submit a request for FMLA 30 days prior to the commencement of the leave. In unexpected or unforeseeable situation, the employee shall provide as much notice as practical and indicate the reason for the late request. Medical information to document the necessity for the leave shall be submitted within 15 days of the FMLA leave request and prior to the approval of the leave.

8.7.1.1 Medical documents shall be kept confidential and be maintained in the employee's medical record file, not in the personnel file.

8.7.2 In accordance with these time frames, the employee shall submit:

8.7.2.1 A completed FMLA Request/Notification (Form AVSC 01-84) and a Request for Leave (Form AVSC 01-16) to the Division Administrator. The Request for Leave shall include the statement, "FMLA Request".

8.7.2.2 For a request for leave to care for a sick family member or the employee's own medical condition, the employee's or family member's health care provider must complete a U.S. Department of Labor, Certification of Health Care Provider (Form WH-380).

8.7.2.2.1 The certification may be submitted directly to the Human Resources Office if the employee does not wish to submit it with the FMLA Request.

8.7.2.3 Medical documentation and/or progress reports, as requested, to the Division Administrator who shall forward the document(s) to the Human Resources office.

8.7.2.4 A medical release to the Human Resources Office before returning to work.

8.7.3 The Human Resources Office shall, in consultation with Payroll:

8.7.3.1 Verify that the employee has been employed and worked the requisite number of hours to be eligible for FMLA.

8.7.3.2 Determine the number of days of FMLA leave charged within the previous 12 months calculated from the effective date of the current request.

8.7.3.3 Within two days of receipt of the request:

- 8.7.3.3.1 If an employee did not meet the criteria or who has used 12 weeks of FMLA during the 12 months preceding the effective date of the current request, the request is denied. The request is returned to the employee, noting when the employee will be eligible.
  - 8.7.3.3.2 For requests for leave for adoption or childbirth, forward the request for final approval and return a copy to the employee. Substantiating documentation may be requested prior to acknowledgment.
  - 8.7.3.3.3 For a request for the employee's own illness or to care for a family member; verify that the request meets FMLA requirements after the certification is received.
- 8.7.4 The Human Resources Office shall forward a copy of all approved requests for FMLA to the Division Administrator, the employee's supervisor, Payroll and the employee.
- 8.7.5 Upon request of the Division Administrator or designee, the Human Resources office shall provide assistance to obtain from an employee recertification for FMLA leave if:
  - 8.7.5.1 The employee requests an extension of the leave, if the original request was for less than 12 weeks.
  - 8.7.5.2 Circumstances described by the original certification have changed significantly.
  - 8.7.5.3 The Commission receives information that casts doubt upon the continuing validity of the certification.
  - 8.7.5.4 The employee is unable to return to work after FMLA leave because of the continuation, recurrence or onset of a serious health condition.
- 8.8 Disapproved FMLA - An employee whose request has been disapproved may file a grievance in accordance with IMP 87-10, Employee Grievances.
- 8.9 Documenting FMLA Leave on the Attendance Report - Supervisors shall ensure that when leave reported is either designated or approved as FMLA, this is noted in the comments section of the attendance report.
- 8.10 Unpaid FMLA (LWOP) and Employee Benefits
  - 8.10.1 Periods of LWOP during FMLA shall not be considered credited service for retirement, leave accrual, or seniority.
  - 8.10.2 To retain insurance coverage, employees shall contact the Human Resources Office and arrange to make personal payments for health insurance premium and other benefits as appropriate.

8.10.3 Failure to make timely premium payments may result in cancellation of benefits.

8.11 Return to Work Provisions

8.11.1 Division Administrators shall:

8.11.1.1 Require all employees returning to work from a personal FMLA leave to provide a release to the Division Administrator that certifies that the employee is able to perform the functions of the employee's position. Submit the release to the Human Resources Office.

8.11.1.2 In coordination with the Human Resources Office, ensure that an employee who returns to work from an FMLA medical leave is restored to the same or equivalent position, and does not lose any employment benefit to which the employee would have been entitled had the leave not occurred.

8.12 Inability or Failure to Return to Work - In the event an employee is unable to return to work upon the expiration of FMLA, the employee shall be referred to the Human Resources Office.

8.13 An employee who has become disabled may be subject to the provisions of the Americans with Disabilities Act (ADA) in accordance with section 10.0.

8.14 Questions regarding FMLA shall be referred to the Human Resources Office.

**9.0 TEMPORARY WORK ASSIGNMENTS** - A Division Administrator, in consultation with the Human Resources Office, may make Temporary Work Assignments for an employee who is unable to perform the full duties of the job due to a health condition or injury.

9.1 Eligibility - Employees who become unable to perform the essential job duties due to an illness, injury or pregnancy may be eligible for a Temporary Work Assignment.

9.1.1 Employees who work for the Commission pursuant to a contract, and employees whose employment status is emergency, seasonal, clerical pool or temporary are not eligible for a Temporary Work Assignment.

9.2 Health Care Provider's Reports - The health care provider's report shall:

9.2.1 Indicate that the employee is unable to perform essential job duties due to a temporary or permanent medical condition. The health care provider shall also complete a Functional Capacity Report (AVSC 01-82).

9.3 Temporary Work Assignment Term - The term of the Temporary Work Assignment for an employee shall be up to 90 calendar days.

9.3.1 The Temporary Work Assignment term for pregnant employees with a temporary pregnancy-related condition may last for the entire duration of the pregnancy and recovery or until the employee returns from leave that was approved in accordance with this Policy.

- 9.4 Temporary Work Assignment Term Extension - In exceptional situations, an employee may request up to an additional 90 calendar days if there is a substantial likelihood that the employee will return to the job. In consultation with the Human Resources Office, extensions shall be approved by the Director. Prior to approval, the employee shall:

9.4.1 Provide documentation from their health care provider that confirms the employee will return to the job within the additional 90 calendar days.

9.5 Procedures for Placing Employees in a Temporary Work Assignment

9.5.1 Division Administrators shall:

9.5.1.1 In consultation with the Human Resources office, review documentation provided by the employee and the health care provider when a Temporary Work Assignment is requested.

9.5.1.2 In consultation with the managers and the Human Resources Office, identify an appropriate Temporary Work Assignment.

9.5.1.3 Ensure that employees on Temporary Work Assignments are assigned to their previous or comparable job duties when they return to full-duty status.

9.5.1.4 Forward all documentation and confidential medical records to the Human Resources Office.

9.6 The Human Resources Office shall:

9.6.1 Review all documentation or confidential medical records received from the Division Administrator, health care providers or from the employee.

9.6.2 In consultation with the Division Administrators and health care providers, recommend Temporary Work Assignment.

9.6.3 Include employees who are given Temporary Work Assignments on the Work Status Report.

9.6.4 Provide appropriate information on the employee's status to the Director and Division Administrators.

9.7 Management of Temporary Work Assignments - Division Administrators, with technical assistance from the Human Resources, shall require supervisors to:

9.7.1 Ensure the daily assignments given to employees are consistent with the conditions of the approved Temporary Work Assignment. Supervisors shall not change Temporary Work Assignments unless approved by the Division Administrator in consultation with Human Resources Office.

9.8 Return to Work Provisions

9.8.1 An employee who is not ADA eligible who has not returned to full duty status upon the expiration of a Temporary Work Assignment term (including extensions) may be subject to the provisions of section 11.0, Employee's Who Cannot or Do Not Return to Work.

9.8.2 An employee who is ADA eligible, may be reassigned in accordance with section 10.0, Americans with Disability Act (ADA).

9.9 Questions shall be referred to the Human Resources Office.

**10.0 AMERICANS WITH DISABILITY ACT (ADA)**

10.1 Each time that an employee with a disability wishes to request reasonable accommodation, the review process, documented on a Request for Reasonable Accommodation, shall be initiated and completed.

10.2 Division Administrators, in consultation with the employee:

10.2.1 May consult with the Human Resources Office for assistance in addressing the accommodation request.

10.2.1.1 If it is determined that the requesting employee cannot be accommodated in the current job, the employee shall be referred to the Human Resources Office for identification of other classes for which the employee is qualified and to which he/she can be moved.

10.2.1.2 May concur or deny the employee's request for reasonable accommodation, or a mutually agreeable alternative. Documents the recommendation on the Request for Reasonable Accommodation.

10.2.1.3 Shall forward the completed Request for Reasonable Accommodation to the Director.

10.3 The Director shall:

10.3.1 Review the request and recommendation, and determine what accommodation, if any, shall be approved.

10.3.2 Coordinate with the Commission's ADA Coordinator and Human Resource Manager, as/if appropriate.

10.3.3 If the specific accommodation requested by the employee, and/or an agreed upon alternative, is denied, ensure a full explanation for denial is provided on the Request for Reasonable Accommodation.

10.3.4 Forward the completed Request for Reasonable Accommodation to the Human Resources Office.

- 10.4 Permanent Reassignment - Employees with disabilities are entitled to reasonable accommodation under the ADA, if they can no longer perform the essential functions of their current jobs. If unable to be reasonably and safely accommodated in their current jobs, employees may be transferred to other positions for which they qualify.

10.4.1 The Human Resources Office:

- 10.4.1.1 May require the employee to complete a current employment application, which shall be reviewed to determine the classifications to which such disabled employees may be transferred.
- 10.4.1.2 May recommend that employees who are unable to be reasonably and safely accommodated in any position within the Commission be placed in the appropriate leave status until such time as they are eligible to receive Long-Term Disability benefits.

- 10.5 Disabled employee may, at any time, pursue/accept another position in State service for which they may qualify.

- 10.6 Division Administrators, the Human Resources Office, and ADA Coordinator shall refer employees with disabilities who feel they have been discriminated against because of their disability to IMP 87-10, Employee Grievances.

- 10.7 Contact the appropriate ADA Coordinator for questions and issues relating to access to service, programs and facilities.

- 11.0 **EMPLOYEES WHO CANNOT OR DO NOT RETURN TO WORK** - An employee who cannot/does not return to the regular assignment upon expiration of an approved leave or Temporary Work Assignment or who is ADA qualified and has not accepted a permanent reassignment may be subject to appropriate administrative action.

- 11.1 Action may include:

11.1.1 Separation without prejudice or in good standing.

11.1.2 Dismissal.

11.1.3 Reductions in grade (to a position for which the employee is deemed qualified).

11.1.4 Other administrative or disciplinary action, as appropriate.

- 11.2 The Director and the Human Resources Office shall ensure that appropriate administrative and/or disciplinary action is completed.

- 12.0 **ADDITIONAL LEAVE OR LEAVE BENEFITS AVAILABLE** - Employees may be eligible for additional leave programs or benefits.

- 12.1 Short-Term Disability (STD) Insurance - Employees may purchase STD insurance during initial and open enrollment of the State's insurance plans. STD insurance pays a pre-determined portion of an employee's salary for up to 6 months in the event of a non-job-related illness or injury. Eligible employees may apply for this benefit directly to the STD carrier.



12.2 Long-Term Disability (LTD) Insurance - This benefit is provided by the State, and pays a predetermined portion of an employee's salary after the employee has missed work for a period of six months, regardless of whether the leave from work is paid or unpaid.

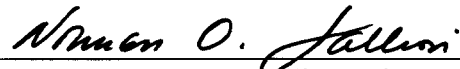
12.2.1 Approximately four months after beginning leave, the employee may complete and submit the application for LTD. The LTD provider, in conjunction with the DOA's Benefits Office, shall make the determination if an employee is eligible to receive this benefit. Contact the Personnel Benefits Liaison for benefits application information.

12.3 Donation of Annual Leave - Employees with a serious illness or injury may request and receive annual leave time that has been donated by other employees.

12.3.1 To receive this benefit, employees shall apply for donation of annual leave as directed in IMP 90-01, Transfer of Annual Leave.

13.0 **IMPLEMENTATION** - This policy shall be implemented without change on the effective date.

Attachments: Functional Capacity Report (AVSC 01-82)  
Worker's Report of Injury (AVSC 01-81)  
Industrial Leave Request Form (AVSC 01-83)  
Family Medical Leave Request/Notification (AVSC 01-84)  
Request for Reasonable Accommodation (AVSC 01-85)  
Notice of Rights and Benefits and Responsibilities

  
\_\_\_\_\_  
Norman O. Gallion, Director

# ARIZONA VETERANS SERVICE COMMISSION

## Functional Capacity Report

HEALTH CARE PROVIDER: Please complete this Functional Capacity Report. We may be able to place this employee in a temporary work assignment. If you have any questions please contact the Human Resources Office at 248-1580.

Employee's Name:	Date:
Job Title:	Work Location:
Date Injury/Illness Began:	Is This An Industrial Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Next Appointment:	

WORK STATUS:   ☐ May work full duty  
                         ☐ May work modified duty, approximately how long? \_\_\_\_\_  
                         ☐ May work \_\_\_\_\_ hours/day, approximately how long? \_\_\_\_\_  
                         ☐ Off work, approximately how long? \_\_\_\_\_

### EMPLOYEE'S FUNCTIONAL CAPACITY

- |   |   |
|---|---|
| <input type="checkbox"/> No lifting, No pushing, No pulling                     | <input type="checkbox"/> Workday Capacity |
| <input type="checkbox"/> No lifting over ____ 10, ____ 20, ____ 50, ____ ? Lbs. | Can sit _____ hours/day                   |
| <input type="checkbox"/> No repetitive bending/twisting<br>Body Part _____      | Can stand _____ hours/day                 |
| <input type="checkbox"/> No repetitive motion to injured part                   | Can walk _____ hours/day                  |
| <input type="checkbox"/> No climbing ____ ladders, ____ stairs                  | <input type="checkbox"/> Other (explain)  |
| <input type="checkbox"/> No operation of a motor vehicle                        |   |
| <input type="checkbox"/> No work reaching above the shoulder                    |   |

Health Care Provider's Signature:

Date:

Name (please print):

Address:

Telephone number:

**Arizona Veterans Service Commission  
Worker's Report of Injury**

Injured Employees's SSN:		Date of Birth	
Injured Employee's Name:			
Address:			
City:		State:	Zip:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Telephone Number or Message Phone: (    )			
Date of Injury: ____/____/____		Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date Employer Notified:
Did you lose more than one day of work? <input type="checkbox"/> Yes ** <input type="checkbox"/> No <small>**All time lost (more than one day) must be reported to the Human Resources Office within 3 days of injury.</small>		Last Day Worked:	Date Returned to Work:
Occupation:	Division/Section:		
Address or Location of Accident:			
City:		County:	State:                      Zip:
Part of Body Injured: _____ <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Side		Type of Injury: (Strain, Cut, Bruise, Broken Bone, Burn, etc.)	
Name of Physician:		Address:	
City:		State:	Zip:                      Phone: (    )
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name and address of hospital:	
How did the accident happen? _____ _____ _____ _____			
Were others injured in this accident: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?	
If another person NOT in state employ caused accident, give name and address:			
Was personal protective equipment worn at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seat Belts <input type="checkbox"/> Back Support Belts <input type="checkbox"/> Other _____			
List Witnesses to Mishap/Incident:			
Injured Employee's Supervisor Name and Title:		Phone: (    )	
Injured Employee's Signature:		Date:	
Supervisor's Signature:		Date:	

# ARIZONA VETERANS SERVICE COMMISSION

## INDUSTRIAL LEAVE REQUEST FORM

In accordance with the Arizona Administrative Code R2-5-406, I hereby request Industrial Leave to begin \_\_\_\_\_ and end on \_\_\_\_\_.

A. Use of Leave: I fully understand and am aware that:

1. I must be placed on sick leave since I sustained a job-related injury that is compensable under the Workers' Compensation Law, A.R.S. 23-901 et seq. ; and
2. After all sick leave is exhausted, I may use available compensatory leave, until such leave is exhausted, and then may use annual leave. If I do not request compensatory, annual leave or have exhausted compensatory or annual leave, I shall be placed on leave without pay.

B. Payments: I fully understand that:

1. I will use leave in an amount necessary to receive total payments (leave payments plus Workers' Compensation payments) not to exceed my gross salary; and,
2. If I receive a retroactive Workers' Compensation payment for the initial five day period of industrial injury, and for that period have received leave payments, I must reimburse the agency for five days of Workers' Compensation payments, and the equivalent value of leave will be restored to my appropriate leave account.

C. Restriction: I understand that sick leave with pay or leave without pay will not be granted if I fail to accept compensation available pursuant to the industrial injury and disease provisions of A.R.S. 23-901 et seq.

D. Group Health Insurance Participation: I understand that:

1. Once I go on leave without pay due to an industrial injury I may continue to participate in the Health Benefit Plan for a maximum of six months by paying the employee contribution; and,
2. At the end of this six month period, if I remain on leave without pay due to industrial injury, I may continue to participate in the Group Health Insurance Plan by paying both the State and employee contributions, until I return to work or am determined to be eligible for Medicare coverage or Long Term disability, whichever occurs first.

E. Life Insurance Plan Participation: I understand that:

1. Once I go on leave without pay, I may continue to participate in the Basic Life and Accidental Death and Dismemberment Insurance Plan by paying the State premium; and,
2. If I elect to continue to participate in the Basic Plan, I may also continue any Supplemental coverage which is in force at the beginning of the leave without pay by continuing to pay the premium.

(CONTINUED ON REVERSE SIDE)

- F. Disability Income Insurance Plan Participation: I understand that once I am on leave without pay I may continue to participate in the Disability Income Insurance Plan by paying the premium.
- G. Termination of Insurance Coverage: I understand that once I am on leave without pay if I allow payment of the premiums or contributions to become delinquent, my insurance coverage will terminate at 11:59 p.m. on the last day of the period covered by the last premium or contribution paid.
- H. Accrual of Leave: I am aware that I will continue to accrue full annual and sick leave credits as long as I am using two or more hours of leave each day.
- I. Return to Work: I understand that:
1. It is my responsibility to report to work as soon as I am certified by my physician as being able to perform the required duties of my job whether my industrial leave has expired or not;
  2. If I am released to return to work, I must notify my supervisor immediately in writing;
  3. If the approved period of my industrial leave ends and I am still unable to return to work, I must contact my supervisor immediately and request, in writing, an extension of my leave; and
  4. Failure to do so may result in appropriate disciplinary action, including dismissal.
- J. Right of Return: I am aware that my right to return to work from industrial injury is to the position occupied at the start of the leave without pay.

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Employee's Signature

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Date

---

Supervisor's Signature

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Date

---

Division Administrator's Signature

---

Date

c: Employee Personnel File  
AVSC Payroll  
AVSC Human Resource Manager

# ARIZONA VETERANS SERVICE COMMISSION

## Family Medical Leave Request/Notification

**NOTE** Employee, please read AVSC Internal Management Policy ? Section on Family Medical Leave prior to completing this form. Also complete and attach AVSC 01-16

Employee Name (Last, First, M.I.)	Social Security Number
Division	Home Telephone/Work Telephone
Dates of Leave <input type="checkbox"/> Actual <input type="checkbox"/> Anticipated From _____ To _____	
<b>Reason for Leave</b>	
(1) <input type="checkbox"/> Birth of my child, care for may newborn Adoption, Placement of Foster care	
(2) <input type="checkbox"/> To care for my spouse, child or parent with a serious health condition <input type="checkbox"/> Reduced Work Schedule <input type="checkbox"/> Full-time leave <input type="checkbox"/> Intermittent	
(3) <input type="checkbox"/> A serious health problem which make me unable to work <input type="checkbox"/> Reduced Work Schedule <input type="checkbox"/> Full-time leave <input type="checkbox"/> Intermittent	
Describe when time off or what change in work schedule will be required	
Describe the medical necessity for intermittent or reduced work schedule	
I hereby certify that all of the statements contained herein are true to the best of my knowledge. I understand that omissions or misuse of this law may cause rejection of my leave request and/or disciplinary action.	
Employee's Signature: _____	Date: _____

-----EMPLOYEE - DO NOT WRITE BELOW THIS LINE-----

<b>Eligibility Verification</b>	
<input type="checkbox"/> Eligible for _____ week(s) in accordance with this request	
<input type="checkbox"/> Weeks of FMLA have been taken within twelve months. Will be eligible for _____.	
<input type="checkbox"/> Ineligible <input type="checkbox"/> Insufficient months of work <input type="checkbox"/> Insufficient hours of work	
<input type="checkbox"/> FMLA entitlement exhausted for this twelve month period.	
Verifying Authority Signature: _____	Date: _____
Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>	
Director's Signature: _____	Date: _____

# ARIZONA VETERANS SERVICE COMMISSION

## Request for Reasonable Accommodation

Employee Name:		Telephone Number:	
Job Title:	Class Code:	Position Number	Work Location/Unit
<p>Describe the requested accommodation. (Do NOT include information about the nature of the disability.)</p>          <p>I am requesting accommodation for a disability as defined by the Americans with Disabilities Act (ADA). I have a physical or mental impairment that substantially limits one or more major life activities.</p>			
<p><b><u>To be completed by Division Administrator:</u></b> I have discussed the essential functions of the position with the employee and have identified that a reasonable accommodation may be required so that the employee can perform one or more of those functions. I have discussed the possibility of providing an accommodation with the candidate/employee and have the following recommendations:</p>          			
Employee's Signature:		Date:	
Division Administrator:		Date:	
<p>The accommodation has been <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved for the following reason:</p>          			
Director's Signature:		Date:	

NOTICE OF RIGHTS AND BENEFITS AND RESPONSIBILITIES  
(For employees who have exhausted accrued leave)

Dear Employee:

According to our records, as of {DATE} your accrued leave balances are: annual \_\_\_\_\_, sick \_\_\_\_\_, compensatory leave \_\_\_\_\_ and you will soon be on a leave without pay status if you do not return to work. You should be aware of the following information concerning your responsibilities and potential benefits. If you have questions, contact the Human Resources Office at (602)248-1580.

Request for Leave Without Pay

All absences, including Leave Without Pay (LWOP), must be requested and approved in advance by submittal of the appropriate leave request form, or if a leave form is unavailable to you, in writing. To protect your rights and benefits, ensure that you submit a request and obtain approval for LWOP prior to exhausting your accrued leave. All such requests must be submitted to your supervisor and require an ending date and, if due to a medical condition, medical documentation from your physician outlining the need for leave, your limitations and an anticipated return to work date. Should you fail to request and receive advance approval for LWOP, or an extension prior the expiration of an approved request, you will be placed on unauthorized LWOP status and could be subject to disciplinary action up to and including dismissal.

Your Benefit Coverage

Once you are on LWOP your benefit coverage will cease unless you make prior arrangements to pay the employee and, in many cases, the employer premiums. Contact the Human Resources Office at 248-1560 to arrange for personal payments.

Family Medical Leave Act

The Family Medical Leave Act (FMLA) of 1993 allows eligible employees to be absent with a job guarantee upon return to work and with continued benefit coverage for a period of 12 weeks within a 12-month period. This is unpaid leave unless you have accrued leave to cover your absence. To be eligible, you must have worked for the State of Arizona for at least 12 months; worked at least 1250 hours within the last 12 months and be absent due to the birth of a child, the placement for adoption of a child or for a serious medical condition of your own or or an immediate family member. If eligible, you can or you will be placed on FMLA. You must complete the FMLA Request/Notification (Form AVSC 01-84) and a Request for Leave (Form AVSC 01-16) and submit them to your Division Administrator. If the FMLA is for your serious medical condition, you must also submit a U.S. Department of Labor, Certification of Health Care Provider (Form WH-380) to your supervisor or if you prefer, directly to the Human Resources Office.

Annual Leave Donations

The Personnel Rules allow you to request annual leave donations for other Arizona Veterans Service Commission employees once you have exhausted your accrued annual and sick leave if your absence is due to you or an immediate family member's seriously incapacitating illness or injury. To request donations, submit an Agreement to Receive Annual Leave Contribution, in accordance with IMP 90-01, Transfer of Annual Leave, along with the appropriate certification from your physician to the Human Resources Office.



### Short-Term Disability

If you enrolled in Short-Term Disability during the last Open Enrollment, you may be eligible for short-term disability payments. Contact the Human Resources Office at 248-1560.

### Long-Term Disability

You may be eligible for Long-Term Disability benefits. These benefits begin after six months (180 consecutive days) of disability due to medical reasons. Contact your Long-Term Disability provider for additional information.

### Employees Helping Employees

Employees Helping Employees, Inc., is a non-profit corporation created by employees to provide short-term financial assistance to State employees in crisis. It is not a State agency. If you would like more information regarding how this organization may be able to assist you, please contact the Employees Helping Employees Coordinator at 949-4223.

### Return to Work

Your return to work after a period of Leave Without Pay is often contingent upon a position being available and funded. Refer to the ADOA Personnel rules for specific information or contact the Human Resources Office.

If we can provide any additional information or assistance, please contact me or the Human Resources Office.

Sincerely,

Human Resources Manager